



(Form A)

MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION  
TEACHER QUALITY AND URBAN EDUCATION-TEACHER RECRUITMENT AND RETENTION  
**ROBERT C. BYRD SCHOLARSHIP ENROLLMENT VERIFICATION FORM A**

**DIRECTIONS**

In order to be eligible for renewal of the Robert C. Byrd Honors Scholarship, a student must be enrolled in a 4-year accredited institution of higher education and have maintained "good standing" as defined by the institution of higher education for the past academic year.

Please provide us with the following information and return the form to: MO Department of Elementary & Secondary Education, Robert C. Byrd Honors Scholarship, P.O. Box 480, Jefferson City, MO 65102-0480.  
Phone: 573-751-1668 Fax: 573-526-3580

**STUDENT INFORMATION**

Last Name:	First Name:
SSN:	College or University:
First Year Received Scholarship:	City and State:

**CONTACT INFORMATION**

Please provide the name and title of the contact person in the financial aid office and the mailing address to which the Robert C. Byrd Honors Scholarship check should be mailed.

Institution Name:	Contact Person Title:
Building Address:	Street Address:
City: State: Zip:	Phone:

**ASSURANCES**

This is to verify that the student listed above is enrolled as a full-time student with the above mentioned accredited institution of higher education and has maintained "good standing" as defined by the institution for the past academic year.

{College/University Seal}	
	Signature of Institution Registrar/Official
	Printed or Typed Name of Registrar/Official
	_____ DATE